

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE					
							APPLICANT(S)							
CLAIMS							*		*					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				IND.	DEP.	IND.	DEP.	IND.	DEP.	
1								51						
2								52						
3								53						
4	1							54						
5								55						
6								56						
7								57						
8								58						
9								59						
10								60						
11								61						
12								62						
13								63						
14								64						
15								65						
16								66						
17								67						
18		3						68						
19	1							69						
20		3						70						
21		3						71						
22								72						
23								73						
24		3						74						
25								75						
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34								84						
35		3						85						
36		3						86						
37								87						
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41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.		5						TOTAL IND.						
TOTAL DEP.		43						TOTAL DEP.						
TOTAL CLAIMS		48						TOTAL CLAIMS						